

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted  
beneath the original.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

Local Registrar's No. 14

Age of Birth Hayward County Gila No. \_\_\_\_\_ St. \_\_\_\_\_

Registration District) Hayward  
Sex of Child\* Female Twin Triplet or other? \_\_\_\_\_ and \_\_\_\_\_ Number\* in order of birth \_\_\_\_\_

Date of Birth\* May 12 1920  
(Month) (Day) (Year)

Full\* Name Salvador Martinez  
FATHER

Full\* Maiden Name Guadalupe Miranda  
MOTHER

I HEREBY CERTIFY that the child described herein has  
been named

Guadalupe Martinez  
(Given name in full) (Surname)

Salvador Martinez  
(Father's or Mother's Signature)

Charles H. Smith  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.

749-512-741

Received